

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		2				
4		2				
5		2				
6		(1)				
7	1					
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15		5				
16		1				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	27					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						